



Department of Public Works
300 Park Avenue, Suite 100 WEST, Falls Church, VA 22046
Phone: 703-248-5350 (TTY 711) Fax: 703-248-5336
dpw@fallschurchva.gov • www.fallschurchva.gov

PARKING SPACE RESERVATION REQUEST

This form is to request the City reserve a single on-street parking space or small group of them. This is intended to allow for a truck moving a tenant in or out or other similar special use. It does not permit the use of spaces not designated for parking. Reservation is limited to one or two days. Please fill out the information below.

Applicant *(someone to act as a contact for the City for this item)*

Name			E-Mail Address
Address			Phone Number
City	State	Zip Code	Preferred contact when permit is ready: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone

Parking Space Information:

Address(es) or other description of space(s) to be reserved:	
Reason for Request: <input type="checkbox"/> Moving In <input type="checkbox"/> Moving Out <input type="checkbox"/> Large Delivery <input type="checkbox"/> Other: _____	
Date(s) of requested closure: Initial closure:	Reopening:

I hereby certify the information given in this application is correct to the best of my knowledge.

Signed _____ Date _____

Print Name _____

Please submit the filled-out form to:

Department of Development Services
300 Park Avenue, Suite 300West
Falls Church, VA 22046

Phone: 703-248-5080
Fax: 703-248-5214
E-mail: permits@fallschurchva.gov

Once DDS receives the form, they will notify the Operations group to set markers reserving the parking spaces. You do not need to take any further action. Should you find the spaces occupied during the time they are reserved, please notify the Police at 703-241-5053.

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Development Services Counter will notify Operations at intake.

☐ Scanned to Operations (*indicate address used*): _____

Scanned by: _____ Date: _____

Permit Technician